



STATE OF MONTANA • DEPARTMENT OF ADMINISTRATION

DIVISION OF BANKING AND FINANCIAL INSTITUTIONS

301 South Park, Suite 316 • PO Box 200546 • Helena, MT 59620-0546

Phone: 406-841-2920 • Fax: 406-841-2930

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QUARTERLY STATEMENT OF MONTANA MORTGAGE SERVICING ACTIVITY

Engaged in the Business of Servicing Residential Mortgage Loans
Under the Montana Mortgage Act

Q1 data
Due May 15th
For Quarter Jan. 1 – March 31

Q3 data
Due November 14th
For Quarter Jul. 1 – Sept. 30

Q2 data
Due August 14th
For Quarter Apr. 1 – June 30

Q4 data
Due February 14th
For Quarter Oct. 1 – Dec. 31

REPORTING ENTITY

(Please Type or Print Legibly)

Name of Licensee _____

Unique Identifier _____

Address of main location _____

Name of person preparing this report _____

Phone number of preparer _____

Fax Number _____

E-mail Address _____

QUARTERLY STATEMENTS CAN BE SENT BACK TO THE DIVISION BY EMAIL, MAIL, OR FAX.

REGULAR MAIL:
Division of Banking &
Financial Institutions
P.O. Box 200546
Helena, MT 59620-0546

OVERNIGHT MAIL:
Division of Banking &
Financial Institutions
301 South Park, Suite 316
Helena, MT 59601

FAX: 406-841-2930
E-MAIL: mortgagelicensing@mt.gov
PHONE: 406-841-2920

Each licensee is required by Montana law to submit a statement of its mortgage servicing activities (32-9-170, MCA and ARM 2.59.1743). Each licensee should file one report which covers all the activity of the entity for the period described. Ensure that the information provided is for **Montana residential mortgage loans only**, not a consolidation of all the loans serviced.

The Division recognizes the Expanded NMLS Mortgage Call Report Definitions & Instructions (Instructions) as being applicable to identical terms contained within this form. The Instructions are available online at <http://mortgage.nationwidelicencingsystem.org/slr/common/mcr/Pages/ExpandedMCR.aspx>

Important: The report must be filed on or before the 45th day after the end of the calendar quarter. Failure to submit a report on time or in the required format will cause the Department to begin proceedings to initiate an enforcement action against your license, which may include suspension or revocation and a fine.

MONTANA LOANS SERVICED DURING QUARTER

| | <u>Unpaid Principal Balance (UPB\$)</u> | <u>Number of Loans</u> |
|------------------------------|---|------------------------|
| Total Montana Loans Serviced | _____ | _____ |

Definitions for Servicing Activity:

| | |
|-----------------------------|---|
| Wholly Owned Loans Serviced | Enter the UPB and Loan Count for loans that you are servicing and for which you retain all ownership rights. |
| Loans Serviced Under MSRs | Enter the UPB and Loan Count for loans that you are servicing and for which you own only the Mortgage Servicing Rights. |
| Subservicing for Others | Enter the UPB and Loan Count for loans that you are subservicing on behalf of others |
| Subservicing by Others | Enter the UPB and Loan Count for loans that are Wholly Owned or for which you own the Mortgage Servicing Rights and have contracted with a third-party to service on your behalf. |

| SERVICING ACTIVITY | <u>UPB (\$)</u> | <u>Loan Count (#)</u> |
|-----------------------------|------------------------|------------------------------|
| Wholly Owned Loans Serviced | _____ | _____ |
| Loans Serviced Under MSRs | _____ | _____ |
| Subservicing for Others | _____ | _____ |
| Subservicing by Others | _____ | _____ |
| Total Loans Serviced | _____ | _____ |

TYPE OF MONTANA LOANS SERVICED DURING QUARTER

Residential First Mortgages (1 – 4 Family Only)

| | <u>UPB (\$)</u> | <u>Number of Loans</u> |
|--|-----------------|------------------------|
| Government (FHA/VA/RHS) | _____ | _____ |
| Prime Conforming | _____ | _____ |
| Prime Non-Conforming | _____ | _____ |
| Other | _____ | _____ |
| Total Residential First Mortgages | _____ | _____ |

MONTANA LOAN CHARACTERISTICS AS END OF QUARTER

Other Mortgages

| | <u>UPB (\$)</u> | <u>Number of Loans</u> |
|------------------------------|-----------------|------------------------|
| Closed-End Second Mortgages | _____ | _____ |
| Funded HELOCs | _____ | _____ |
| Reverse Mortgages | _____ | _____ |
| Commercial Mortgage Loans | _____ | _____ |
| Other _____ | _____ | _____ |
| Total Other Mortgages | _____ | _____ |

MONTANA DELINQUENCY STATUS AS END OF QUARTER

| | <u>UPB (\$)</u> | <u>Number of Loans</u> |
|------------------------------|-----------------|------------------------|
| Less than 30 days delinquent | _____ | _____ |
| 30 to 60 days delinquent | _____ | _____ |
| 61 to 90 days delinquent | _____ | _____ |
| More than 90 days delinquent | _____ | _____ |

MONTANA LOSS MITIGATION EFFORTS - MODIFICATIONS

| | <u>UPB (\$)</u> | <u>Number of Loans</u> |
|--|-----------------|------------------------|
| Loan Modification Applications in process at beginning of period | _____ | _____ |
| Loan Modifications completed (non-HAMP) | _____ | _____ |
| Mortgage Loans Modified Under HAMP | _____ | _____ |

| | | |
|--|-------|-------|
| Loan Modification applications terminated by borrower | _____ | _____ |
| Loan Modification applications denied by lender/servicer | _____ | _____ |
| Loan Modification applications terminated by other | _____ | _____ |
| Loan Modification applications received during period | _____ | _____ |
| Loan modification applications in process at end of period | _____ | _____ |

MONTANA DELINQUENCY STATUS AS OF QUARTER END FOR LOANS MODIFIED DURING THE QUARTER

| | <u>UPB (\$)</u> | <u>Number of Loans</u> |
|------------------------------|-----------------|------------------------|
| Less than 30 days delinquent | _____ | _____ |
| 30 to 60 days delinquent | _____ | _____ |
| 61 to 90 days delinquent | _____ | _____ |
| More than 90 days delinquent | _____ | _____ |

MONTANA DELINQUENCY STATUS AS OF QUARTER END FOR LOANS MODIFIED DURING PRIOR QUARTER

| | <u>UPB (\$)</u> | <u>Number of Loans</u> |
|------------------------------|-----------------|------------------------|
| Less than 30 days delinquent | _____ | _____ |
| 30 to 60 days delinquent | _____ | _____ |
| 61 to 90 days delinquent | _____ | _____ |
| More than 90 days delinquent | _____ | _____ |

MONTANA FORECLOSURE STATUS

| | <u>UPB (\$)</u> | <u>Number of Loans</u> |
|--|-----------------|------------------------|
| In foreclosure status as of last period end date | _____ | _____ |
| Moved into foreclosure status in Period | _____ | _____ |
| Foreclosure resolved other than sheriff sale in Period | _____ | _____ |
| Foreclosure resulting in sheriff sale in Period | _____ | _____ |
| In foreclosure status as of End Date | _____ | _____ |
| REO as of End Date | _____ | _____ |

Provide a description of the types of workout arrangements involving Montana residential mortgages, including mortgage loan modifications, and the percentage of each type of workout arrangement entered into. Attach additional pages if necessary. _____

AFFIDAVIT

I, _____ the undersigned, being the _____ of _____ swear or affirm that, to the best of my knowledge and belief, the statements contained in this report, including the accompanying schedules and statements, if any, are true and that the same is a true and complete statement in accordance with the law.

Signature

Date

TO BE COMPLETED BY NOTARY:

State of _____)
) ss
County of _____)

On this _____ day of _____, 20_____, before me personally appeared _____, known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

Signature of Notarial Officer

Name - typed, stamped, or printed

Title and Rank

Residing at

My commission expires: _____

*AFFIX
SEAL
HERE*